

ANNUAL RENEWAL OF
NATIONAL INSTITUTES OF HEALTH
ANIMAL STUDY PROPOSAL

PROPOSAL # _____
APPROVAL DATE _____

A. ADMINISTRATIVE DATA:

Institute, Center, or Division: NIMH Division, Laboratory, or Branch: _____

Principal Investigator: _____

Building: _____ Room: _____ Telephone: _____ FAX: _____

Project Title: _____

Renewal of _____ A list the names of all individuals authorized to conduct procedures involving
under this proposal and identification numbers of personnel (i.e. Co-investigators(s)) is attached:

B. ANIMAL REQUIREMENTS, ANIMAL PROCEDURES, AND EXPERIMENTAL DESIGN :

I certify that there are no substantive changes in animal requirements, animal procedures, or experimental design since the last approval of this proposal.

_____ Principal Investigator's initials

C. PRINCIPAL INVESTIGATOR CERTIFICATIONS:

1. I certify that I have attended an approved NIH investigator training course.

Year of Course Attendance _____ Location NIH

2. I certify that I have determined that the research proposed herein is not unnecessarily duplicative of previously reported research.

3. I certify that all individuals working on this proposal are participating in the NIH Animal Exposure Surveillance Program.

4. I certify that the individuals listed in Section A are authorized to conduct procedures involving animals under this proposal, and have,

or will receive training in the biology, handling, and care of this species, in aseptic surgical methods and techniques (if necessary), in the concept, availability, and use of research or testing methods that limit the use of animals or minimize distress, in the proper use of anesthetics, analgesics, and tranquilizers (if necessary), and in procedures for reporting animal welfare concerns.

5. **For Column D and Column E Proposals:** I certify that I have reviewed the pertinent scientific literature and the sources and or databases and have found no valid alternative to any procedures described herein which may cause more than momentary pain or distress. The methods and sources used in my search are included in the original proposal.

6. I will inform the ACUC of any proposed significant changes in this study.

Principal Investigator Signature: _____ **Date:** _____

D. CONCURRENCES:

Institute Veterinarian certification of review.

Name: _____ Signature: _____ Date: _____

ACUC Chairperson certification of review.

Name: _____ Signature: _____ Date: _____

